Australian Government

Department of Health, Disability and Ageing

PBS

# Schedule of Pharmaceutical Benefits

Botulinum Toxin Program

**Effective 1 September 2026**

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# Contents

# Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply from 1 September 2026 and are included, where applicable, in prices published in the Schedule.

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

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

# About the Schedule

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

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

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

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

## Symbols and Abbreviations Used in the Schedule

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

# Restricted Benefits

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

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

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

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

# Botulinum Toxin Program

# MUSCULO-SKELETAL SYSTEM

## MUSCLE RELAXANTS

### MUSCLE RELAXANTS, PERIPHERALLY ACTING AGENTS

***Other muscle relaxants, peripherally acting agents***

### BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Authority Required (STREAMLINED)**

***5409***

Urinary incontinence

**Clinical criteria:**

- The condition must be due to neurogenic detrusor overactivity, as demonstrated by urodynamic study, **AND**
- The condition must be inadequately controlled by anti-cholinergic therapy, **AND**
- Patient must experience at least 14 episodes of urinary incontinence per week prior to commencement of treatment with Botulinum Toxin Type A Neurotoxin Complex, **AND**
- Patient must be willing and able to self-catheterise, **AND**
- The treatment must not continue if the patient does not achieve a 50% or greater reduction from baseline in urinary incontinence episodes 6-12 weeks after the first treatment, **AND**
- Patient must have multiple sclerosis; **OR**
- Patient must have a spinal cord injury; **OR**
- Patient must be aged 18 years or older and have spina bifida.

**Treatment criteria:**

- Must be treated by a urologist; **OR**
- Must be treated by a urogynaecologist.

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Note** Special Pricing Arrangements apply.

**botulinum toxin type A 100 units injection, 1 vial**

10993N

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,099.24 | 25.00 | Botox [VE] |

### BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Authority Required (STREAMLINED)**

***5221***

Blepharospasm or hemifacial spasm

**Clinical criteria:**

- Patient must have blepharospasm; **OR**
- Patient must have hemifacial spasm.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an ophthalmologist; **OR**
- Must be treated by an otolaryngology head and neck surgeon; **OR**
- Must be treated by a plastic surgeon.

**Population criteria:**

- Patient must be aged 12 years or older.

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**botulinum toxin type A 100 units injection, 1 vial**

10997T

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,099.24 | 25.00 | Botox [VE] |

### BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Authority Required (STREAMLINED)**

***6953***

Urinary incontinence

**Treatment criteria:**

- Must be treated by a urologist; **OR**
- Must be treated by a gynaecologist.

**Clinical criteria:**

- The condition must be due to idiopathic overactive bladder, **AND**
- The condition must have been inadequately controlled by therapy involving at least two alternative anti-cholinergic agents, **AND**
- Patient must experience at least 14 episodes of urinary incontinence per week prior to commencement of treatment with botulinum toxin type A neurotoxin complex, **AND**
- Patient must be willing and able to self-catheterise, **AND**
- The treatment must not continue if the patient does not achieve a 50% or greater reduction from baseline in urinary incontinence episodes 6-12 weeks after the first treatment.

**Population criteria:**

- Patient must be aged 18 years or older.

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Note** Special Pricing Arrangements apply.

**botulinum toxin type A 100 units injection, 1 vial**

11004E

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,099.24 | 25.00 | Botox [VE] |

## BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Authority Required (STREAMLINED)**

***5406***

Spasmodic torticollis

**Clinical criteria:**

- Patient must have spasmodic torticollis, **AND**
- The treatment must be as monotherapy; **OR**
- The treatment must be as adjunctive therapy to current standard care.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by a plastic surgeon; **OR**
- Must be treated by a rehabilitation specialist.

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**botulinum toxin type A 100 units injection, 1 vial**

11023E

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,099.24 | 25.00 | Botox [VE] |

## BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** Special Pricing Arrangements apply.

**Authority Required (STREAMLINED)**

***11784***

Chronic migraine

**Treatment criteria:**

- Must be treated by a neurologist.

**Clinical criteria:**

- Patient must have experienced an average of 15 or more headache days per month, with at least 8 days of migraine, over a period of at least 6 months, prior to commencement of treatment with botulinum toxin type A neurotoxin, **AND**
- Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with botulinum toxin type A neurotoxin, **AND**
- Patient must have achieved and maintained a 50% or greater reduction from baseline in the number of headache days per month after two treatment cycles (each of 12 weeks duration) in order to be eligible for continuing PBS-subsidised treatment, **AND**
- Patient must be appropriately managed by his or her practitioner for medication overuse headache, prior to initiation of treatment with botulinum toxin.

**Population criteria:**

- Patient must be aged 18 years or older.

Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate.

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**botulinum toxin type A 100 units injection, 1 vial**

11000Y

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,099.24 | 25.00 | Botox [VE] |

## BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** Special Pricing Arrangements apply.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority Required (STREAMLINED)**

***18907***

Severe primary axillary hyperhidrosis

**Clinical criteria:**

- Patient must have previously failed topical aluminium chloride after one to two months of treatment; **OR**
- Patient must be intolerant to topical aluminium chloride treatment.

**Population criteria:**

- Patient must be aged 12 years or older.

**Treatment criteria:**

- Must be treated by a dermatologist; **OR**
- Must be treated by a neurologist; **OR**
- Must be treated by a paediatrician.

**Clinical criteria:**

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

Maximum number of treatments per year is 3, with no less than 4 months to elapse between treatments.

**botulinum toxin type A 100 units injection, 1 vial**

11016T

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,099.24 | 25.00 | Botox [VE] |

## BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** Special Pricing Arrangements apply.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority Required (STREAMLINED)**

***9334***

Moderate to severe spasticity of the lower limb following an acute event

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a rehabilitation specialist; **OR**
- Must be treated by a plastic surgeon; **OR**
- Must be treated by a geriatrician.

**Clinical criteria:**

- The condition must be moderate to severe spasticity of the lower limb/s following stroke or other acute neurological event, defined as a Modified Ashworth Scale rating of 3 or more, **AND**
- The treatment must only be used as second line therapy when standard management has failed; **OR**
- The treatment must only be used as an adjunct to physical therapy, **AND**
- The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating of at least 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (with any botulinum toxin type A), **AND**
- Patient must not have established severe contracture in the limb to be treated, **AND**
- The treatment must not exceed a maximum of 4 treatment periods (with any botulinum toxin type A) per lower limb in the the first year of treatment, and 2 treatment periods (with any botulinum toxin type A) per lower limb each year thereafter.

**Population criteria:**

- Patient must be aged 18 years or older.

Standard management includes physiotherapy and/or oral spasticity agents.

**Note** An acute event may be a clinical or external event that leads to upper motor neuron lesions resulting in spasticity for example stroke, traumatic brain injury, spinal cord injury, infection or hypoxia.

**botulinum toxin type A 100 units injection, 1 vial**

11751L

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,099.24 | 25.00 | Botox [VE] |

## BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority Required (STREAMLINED)**

***5359***

Dynamic equinus foot deformity

**Clinical criteria:**

- The condition must be due to spasticity, **AND**
- Patient must have cerebral palsy, **AND**
- Patient must be ambulant.

**Population criteria:**

- Patient must be aged from 2 to 17 years inclusive.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a rehabilitation specialist.

**Authority Required (STREAMLINED)**

***8822***

Dynamic equinus foot deformity

**Clinical criteria:**

- The condition must be due to spasticity, **AND**
- Patient must have cerebral palsy, **AND**
- Patient must be ambulant.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a rehabilitation specialist.

**botulinum toxin type A 100 units injection, 1 vial**

10998W

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,099.24 | 25.00 | Botox [VE] |

## BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority Required (STREAMLINED)**

***5178***

Moderate to severe spasticity of the upper limb

**Clinical criteria:**

- Patient must have cerebral palsy.

**Population criteria:**

- Patient must be aged from 2 to 17 years inclusive.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a rehabilitation specialist; **OR**
- Must be treated by a plastic surgeon.

**Authority Required (STREAMLINED)**

***8929***

Moderate to severe spasticity of the upper limb

**Clinical criteria:**

- Patient must have cerebral palsy.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a rehabilitation specialist; **OR**
- Must be treated by a plastic surgeon.

**botulinum toxin type A 100 units injection, 1 vial**

10999X

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,099.24 | 25.00 | Botox [VE] |

## BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** Special Pricing Arrangements apply.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Note** An acute event may be a clinical or external event that leads to upper motor neuron lesions resulting in spasticity for example stroke, traumatic brain injury, spinal cord injury, infection or hypoxia.

**Authority Required (STREAMLINED)**

***9547***

Moderate to severe spasticity of the upper limb following an acute event

**Clinical criteria:**

- The condition must be moderate to severe spasticity of the upper limb/s following an acute event, defined as a Modified Ashworth Scale rating of 3 or more, **AND**
- The treatment must only be used as second line therapy when standard management has failed; **OR**
- The treatment must only be used as an adjunct to physical therapy, **AND**
- The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating greater than 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (with any botulinum toxin type A), **AND**
- The treatment must not exceed a maximum of 4 treatment periods (with any botulinum toxin type A) per upper limb in the first year of treatment, and 2 treatment periods (with any botulinum toxin type A) per upper limb each year thereafter, **AND**
- Patient must not have established severe contracture in the limb to be treated.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a rehabilitation specialist; **OR**
- Must be treated by a plastic surgeon; **OR**
- Must be treated by a geriatrician.

Standard management includes physiotherapy and/or oral spasticity agents.

**botulinum toxin type A 100 units injection, 1 vial**

12017L

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,099.24 | 25.00 | Botox [VE] |

## CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Authority Required (STREAMLINED)**

***5405***

Blepharospasm or hemifacial spasm

**Clinical criteria:**

- Patient must have blepharospasm; **OR**
- Patient must have hemifacial spasm.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an ophthalmologist; **OR**
- Must be treated by an otolaryngology head and neck surgeon; **OR**

- Must be treated by a plastic surgeon.

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 vial**

10987G

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *959.36 | 25.00 | Dysport [IS] |

**clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 vial**

11022D

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 2 | 0 | 0.00 | *856.56 | 25.00 | Dysport [IS] |

## CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Authority Required (STREAMLINED)**

***5406***

Spasmodic torticollis

**Clinical criteria:**

- Patient must have spasmodic torticollis, **AND**
- The treatment must be as monotherapy; **OR**
- The treatment must be as adjunctive therapy to current standard care.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by a plastic surgeon; **OR**
- Must be treated by a rehabilitation specialist.

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 vial**

11007H

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *959.36 | 25.00 | Dysport [IS] |

**clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 vial**

11015R

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 2 | 0 | 0.00 | *856.56 | 25.00 | Dysport [IS] |

## CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority Required (STREAMLINED)**

***5359***

Dynamic equinus foot deformity

**Clinical criteria:**

- The condition must be due to spasticity, **AND**
- Patient must have cerebral palsy, **AND**
- Patient must be ambulant.

**Population criteria:**

- Patient must be aged from 2 to 17 years inclusive.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a rehabilitation specialist.

**Authority Required (STREAMLINED)**

***8822***

Dynamic equinus foot deformity

**Clinical criteria:**

- The condition must be due to spasticity, **AND**
- Patient must have cerebral palsy, **AND**
- Patient must be ambulant.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a rehabilitation specialist.

**clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 vial**

| 10981Y | Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|---|
| | 4 | 0 | 0.00 | *959.36 | 25.00 | Dysport [IS] |

**clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 vial**

| 11006G | Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|---|
| | 2 | 0 | 0.00 | *856.56 | 25.00 | Dysport [IS] |

## CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority Required (STREAMLINED)**

***5178***

Moderate to severe spasticity of the upper limb

**Clinical criteria:**

- Patient must have cerebral palsy.

**Population criteria:**

- Patient must be aged from 2 to 17 years inclusive.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a rehabilitation specialist; **OR**
- Must be treated by a plastic surgeon.

**Authority Required (STREAMLINED)**

***8929***

Moderate to severe spasticity of the upper limb

**Clinical criteria:**

- Patient must have cerebral palsy.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a rehabilitation specialist; **OR**
- Must be treated by a plastic surgeon.

**clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 vial**

| 12178Y | Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|---|
| | 2 | 0 | 0.00 | *856.56 | 25.00 | Dysport [IS] |

**clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 vial**

| 12214W | Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|---|
| | 4 | 0 | 0.00 | *959.36 | 25.00 | Dysport [IS] |

## CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** Special Pricing Arrangements apply.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Note** An acute event may be a clinical or external event that leads to upper motor neuron lesions resulting in spasticity for example stroke, traumatic brain injury, spinal cord injury, infection or hypoxia.

**Authority Required (STREAMLINED)**

***9547***

Moderate to severe spasticity of the upper limb following an acute event

**Clinical criteria:**

- The condition must be moderate to severe spasticity of the upper limb/s following an acute event, defined as a Modified Ashworth Scale rating of 3 or more, **AND**
- The treatment must only be used as second line therapy when standard management has failed; **OR**
- The treatment must only be used as an adjunct to physical therapy, **AND**
- The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating greater than 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (with any botulinum toxin type A), **AND**
- The treatment must not exceed a maximum of 4 treatment periods (with any botulinum toxin type A) per upper limb in the first year of treatment, and 2 treatment periods (with any botulinum toxin type A) per upper limb each year thereafter, **AND**
- Patient must not have established severe contracture in the limb to be treated.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a rehabilitation specialist; **OR**
- Must be treated by a plastic surgeon; **OR**
- Must be treated by a geriatrician.

Standard management includes physiotherapy and/or oral spasticity agents.

**clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 vial**

| 10982B | Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|---|
| | 4 | 0 | 0.00 | *959.36 | 25.00 | Dysport [IS] |

**clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 vial**

| 10988H | Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|---|
| | 2 | 0 | 0.00 | *856.56 | 25.00 | Dysport [IS] |

## CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** Special Pricing Arrangements apply.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Note** An acute event may be a clinical or external event that leads to upper motor neuron lesions resulting in spasticity for example stroke, traumatic brain injury, spinal cord injury, infection or hypoxia.

**Authority Required (STREAMLINED)**

***9334***

Moderate to severe spasticity of the lower limb following an acute event

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a rehabilitation specialist; **OR**
- Must be treated by a plastic surgeon; **OR**
- Must be treated by a geriatrician.

**Clinical criteria:**

- The condition must be moderate to severe spasticity of the lower limb/s following stroke or other acute neurological event, defined as a Modified Ashworth Scale rating of 3 or more, **AND**
- The treatment must only be used as second line therapy when standard management has failed; **OR**
- The treatment must only be used as an adjunct to physical therapy, **AND**
- The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating of at least 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (with any botulinum toxin type A), **AND**
- Patient must not have established severe contracture in the limb to be treated, **AND**
- The treatment must not exceed a maximum of 4 treatment periods (with any botulinum toxin type A) per lower limb in the the first year of treatment, and 2 treatment periods (with any botulinum toxin type A) per lower limb each year thereafter.

**Population criteria:**

- Patient must be aged 18 years or older.

Standard management includes physiotherapy and/or oral spasticity agents.

**clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 vial**

| 11831Q | Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|---|
| | 5 | 0 | 0.00 | *1,191.19 | 25.00 | Dysport [IS] |

**clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 vial**

11857C

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 3 | 0 | 0.00 | *1,271.34 | 25.00 | Dysport [IS] |

## INCOBOTULINUMTOXINA

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Authority Required (STREAMLINED)**

***5360***

Blepharospasm

**Clinical criteria:**

- Patient must have blepharospasm.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an ophthalmologist; **OR**
- Must be treated by an otolaryngology head and neck surgeon; **OR**
- Must be treated by a plastic surgeon.

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**incobotulinumtoxinA 100 units injection, 1 vial**

10994P

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,320.04 | 25.00 | Xeomin [EJ] |

## INCOBOTULINUMTOXINA

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Authority Required (STREAMLINED)**

***5222***

Spasmodic torticollis

**Clinical criteria:**

- Patient must have spasmodic torticollis, **AND**
- The treatment must be as monotherapy; **OR**
- The treatment must be as adjunctive therapy to current standard care.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by a plastic surgeon; **OR**
- Must be treated by a rehabilitation specialist.

**Population criteria:**

- Patient must be aged 18 years or older.

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**incobotulinumtoxinA 100 units injection, 1 vial**

11005F

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,320.04 | 25.00 | Xeomin [EJ] |

## INCOBOTULINUMTOXINA

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** Special Pricing Arrangements apply.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority Required (STREAMLINED)**

***18047***

Chronic sialorrhea

**Clinical criteria:**

- Patient must be initiating treatment with a Drooling Severity and Frequency Scale (DSFS) score of at least 6; **OR**
- Patient must be continuing treatment with improvement in the DSFS score of at least 1 point from baseline as assessed by the treating clinician, **AND**
- Patient must have cerebral palsy; **OR**
- Patient must have traumatic brain injury; **OR**

- Patient must have developmental disorder.

**Population criteria:**

- Patient must be aged from 2 to 17 years inclusive.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by a rehabilitation specialist; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by an otolaryngologist surgeon; **OR**
- Must be treated by a plastic surgeon.

**Note** For the purposes of administering this restriction, the Drooling Score is defined as the sum of the Severity and Frequency sub-scores.

Drooling Severity Scale:

1) Never drools, dry;
2) Mild-drooling, only lips wet;
3) Moderate - drool reaches the lips and chin;
4) Severe - drool drips off chin and onto clothing;
5) Profuse - drooling off the body and onto objects (e.g. furniture, books).

Drooling Frequency Scale:

1) No drooling;
2) Occasionally drools;
3) Frequently drools;
4) Constant drooling.

**incobotulinumtoxinA 100 units injection, 1 vial**

15226J

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| ‡1 | 0 | 0.00 | 339.65 | 25.00 | Xeomin [EJ] |

## INCOBOTULINUMTOXINA

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** Special Pricing Arrangements apply.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority Required (STREAMLINED)**

***18059***

Chronic sialorrhea

**Clinical criteria:**

- Patient must be initiating treatment with a Drooling Severity and Frequency Scale (DSFS) score of at least 6; **OR**
- Patient must be continuing treatment with improvement in the DSFS score of at least 1 point from baseline as assessed by the treating clinician, **AND**
- Patient must have Parkinson's disease; **OR**
- Patient must have atypical Parkinson's; **OR**
- Patient must have traumatic brain injury; **OR**
- Patient must have chronic sialorrhea following an acute event.

**Population criteria:**

- Patient must be at least 18 years of age.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by a rehabilitation specialist; **OR**
- Must be treated by a geriatrician; **OR**
- Must be treated by an otolaryngologist surgeon; **OR**
- Must be treated by a plastic surgeon.

**Note** For the purposes of administering this restriction, the Drooling Score is defined as the sum of the Severity and Frequency sub-scores.

Drooling Severity Scale:

1) Never drools, dry;
2) Mild-drooling, only lips wet;
3) Moderate - drool reaches the lips and chin;
4) Severe - drool drips off chin and onto clothing;
5) Profuse - drooling off the body and onto objects (e.g. furniture, books).

Drooling Frequency Scale:

1) No drooling;
2) Occasionally drools;
3) Frequently drools;

4) Constant drooling.

**incobotulinumtoxinA 100 units injection, 1 vial**

15247L

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| ‡1 | 0 | 0.00 | 339.65 | 25.00 | Xeomin [EJ] |

## INCOBOTULINUMTOXINA

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority Required (STREAMLINED)**

***5178***

Moderate to severe spasticity of the upper limb

**Clinical criteria:**

- Patient must have cerebral palsy.

**Population criteria:**

- Patient must be aged from 2 to 17 years inclusive.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a rehabilitation specialist; **OR**
- Must be treated by a plastic surgeon.

**Authority Required (STREAMLINED)**

***8929***

Moderate to severe spasticity of the upper limb

**Clinical criteria:**

- Patient must have cerebral palsy.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a rehabilitation specialist; **OR**
- Must be treated by a plastic surgeon.

**incobotulinumtoxinA 100 units injection, 1 vial**

15307P

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,320.04 | 25.00 | Xeomin [EJ] |

## INCOBOTULINUMTOXINA

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority Required (STREAMLINED)**

***5359***

Dynamic equinus foot deformity

**Clinical criteria:**

- The condition must be due to spasticity, **AND**
- Patient must have cerebral palsy, **AND**
- Patient must be ambulant.

**Population criteria:**

- Patient must be aged from 2 to 17 years inclusive.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a rehabilitation specialist.

**Authority Required (STREAMLINED)**

***8822***

Dynamic equinus foot deformity

**Clinical criteria:**

- The condition must be due to spasticity, **AND**
- Patient must have cerebral palsy, **AND**
- Patient must be ambulant.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a rehabilitation specialist.

**incobotulinumtoxinA 100 units injection, 1 vial**

15319G

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,320.04 | 25.00 | Xeomin [EJ] |

## INCOBOTULINUMTOXINA

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** Special Pricing Arrangements apply.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Note** An acute event may be a clinical or external event that leads to upper motor neuron lesions resulting in spasticity for example stroke, traumatic brain injury, spinal cord injury, infection or hypoxia.

**Authority Required (STREAMLINED)**

***9547***

Moderate to severe spasticity of the upper limb following an acute event

**Clinical criteria:**

- The condition must be moderate to severe spasticity of the upper limb/s following an acute event, defined as a Modified Ashworth Scale rating of 3 or more, **AND**
- The treatment must only be used as second line therapy when standard management has failed; **OR**
- The treatment must only be used as an adjunct to physical therapy, **AND**
- The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating greater than 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (with any botulinum toxin type A), **AND**
- The treatment must not exceed a maximum of 4 treatment periods (with any botulinum toxin type A) per upper limb in the first year of treatment, and 2 treatment periods (with any botulinum toxin type A) per upper limb each year thereafter, **AND**
- Patient must not have established severe contracture in the limb to be treated.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; **OR**
- Must be treated by an orthopaedic surgeon; **OR**
- Must be treated by a rehabilitation specialist; **OR**
- Must be treated by a plastic surgeon; **OR**
- Must be treated by a geriatrician.

Standard management includes physiotherapy and/or oral spasticity agents.

**incobotulinumtoxinA 100 units injection, 1 vial**

12087E

| Max.Qty Packs | No. of Rpts | Premium $ | DPMQ $ | MRVSN $ | Brand Name and Manufacturer |
|---|---|---|---|---|---|
| 4 | 0 | 0.00 | *1,320.04 | 25.00 | Xeomin [EJ] |

# Index of Manufacturer Codes

| Code | Manufacturer |
|---|---|
| **EJ** | Encapsulate Pharma Pty Ltd |
| **IS** | Ipsen Pty Ltd |
| **VE** | AbbVie Pty Ltd |

# Generic/Proprietary Index